

Certificate of Mailing Transmission (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being

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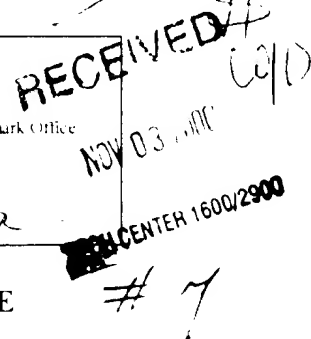
deposited with the United States Postal Service as First Class Mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

Date October 26, 2000

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Name of Person Certifying Carol M. Gruppi



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabot et al.,

Assignee: John Wayne Cancer Institute

Serial No.: 09/439,293

Examiner: J. Zara

Filing Date: November 12, 1999

Group Art Unit: 1635

Title: Methods of Reversing Drug Resistance in Cancer Cells

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on June 5, 2000, enclosed herewith for filing are the following:

- ☐ An Amendment Under 37 CFR § 1.111 [8] page(s)

Also included are:

- ☐ A Petition for Extension of Time [3] months [2] page(s)
- ☐ Other:
1. Paper Copy of Sequence Listing (1 page) (Exhibit A);
 2. Computer Readable Form of Sequence Listing (1 disk) (Exhibit B)
 3. Statement (1 page) (Exhibit C)
- ☐ Return Postcard

Fee Calculation						CALCULATIONS
<input checked="" type="checkbox"/> The following fees are submitted:						
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	16-	20	0	× \$18.00	× \$9.00	\$0.0
Independent claims	3-	3	0	× \$80.00	× \$40.00	\$0.0
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$0.0
Petition for Extension of Time Fee (3 months)						\$445.00
OTHER FEES _____ (specify)						\$
TOTAL FEES =						\$445.00

- ☐ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☐ Please charge Deposit Account No. 50-1189, Docket No. 21144-706, in the amount of \$445.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 21144-706. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: _____

Carol M. Gruppi
Registration No.: 37,341

Dated: October 26, 2000Mailing Address:

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